

Fill in this information to identify the case:

Debtor name	BMX Transport, LLC
United States Bankruptcy Court for the:	Northern District of Georgia
Case number (If known):	25-20705 (State)

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 2,500,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 1,292,684.78

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 3,792,684.78

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 4,029,080.03

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 63,721.81

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 3,014,711.59

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 7,107,513.43

Fill in this information to identify the case:

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United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): 25-20705

 Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ 0.00		
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Bank of America 9508	Checking	9 5 0 8	\$ 354.08
3.2. See continuation sheet			\$ 14,285.70
4. Other cash equivalents (Identify all)			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ 14,639.78		
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.
 Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

11a. 90 days old or less: _____ - _____ face amount = → \$ _____
 doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ face amount = → \$ _____
 doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**

No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

15.1. _____ % \$ _____
 15.2. _____ % \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.

Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

_____ MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable?

No

Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No

Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office furniture, purchased second hand	\$ 1,170.00		\$ 1,170.00
40. Office fixtures	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Computers and computer equipment	\$ 875.00		\$ 875.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____
43. Total of Part 7.			\$ 2,045.00

44. Is a depreciation schedule available for any of the property listed in Part 7? No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes. Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 See Schedule A/B Part 8, Question 47 Attachment	\$ 1,276,000.00		\$ 1,276,000.00
47.2	\$ _____	_____	\$ _____
47.3	\$ _____	_____	\$ _____
47.4	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1	\$ _____	_____	\$ _____
48.2	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1	\$ _____	_____	\$ _____
49.2	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 1,276,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 2850 Hog Mountain Rd. Ste 202B, Dacula, Georgia 30019 (lease Parijat)	Lease Parijat Enterprises	\$ _____	Unknown	\$ _____
55.2 1408 Jag Dr Gainesville, GA 30507 (Lease Jim Wilhoite)	Commercial Lease	\$ _____	Unknown	\$ _____
55.3 100 Point Drive Pendergrass GA	22.5 acres	\$ _____	2,500,000.00	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 2,500,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9? No Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____
66. Total of Part 10.			\$ _____

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount _____ = → \$ _____ doubtful or uncollectible amount _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____
Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____
Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____
_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 14,639.78	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 2,045.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 1,276,000.00	
88. Real property. Copy line 56, Part 9. →		\$ 2,500,000.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 1,292,684.78	+ 91b. \$ 2,500,000.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	3,792,684.78	\$ 3,792,684.78

Debtor 1

BMX Transport, LLC

First Name Middle Name

Last Name

Case number (if known) _____

Continuation Sheet for Official Form 206 A/B**3) Checking, savings, money market, or financial brokerage accounts**

General description	Type of account number	Last 4 digits of account
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Bank of America 8828	Checking	8828
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Balance: 12,275.79

Bank of America 1936	Checking	1936
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Balance: 1,899.90

Bank of America 8836	Checking	8836
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Balance: 110.01

Schedule A/B Part 7, Question 39-41 Attachment		
ITEM	Market Value	Office and computers
Desk 1	\$ 320.00	Office Furniture
Desk 2	\$ 320.00	Office Furniture
Desk 3	\$ 530.00	Office Furniture
Monitor Samsung 32	\$ 100.00	Office Computers
Monitor LG32	\$ 110.00	Office Computers
Monitor LG32 (2)	\$ 110.00	Office Computers
Monitor LG32 (3)	\$ 110.00	Office Computers
Monitor LG32 (4)	\$ 110.00	Office Computers
Computer Dell	\$ 325.00	Office Computers

Schedule A/B Part 7, Question 47 Attachment

ITEM	Market Value	Machinery and Vehicles	Creditor
Two 2019 Utility Trailers	\$ 90,000.00	Equipment	BMO Bank
Two 2024 Volvo VNL64T Trucks	\$ 188,000.00	Equipment	De Lage Landen Financial Services Inc.
2014 Volvo VNL Truck, 2016 Volvo VNL Truck, 2016 Volvo VNL Truck	\$ 30,000.00	Equipment	Financial Pacific Leasing
2023 Volvo VNL64T860	\$ 63,000.00	Equipment	Flagstar Financial & Leasing, LLC
2020 Volvo VNL Truck	\$ 46,000.00	Equipment	Mitsubishi HC Capital America
15 53 Foot Dry Van Trailers	\$ 100,000.00	Equipment	North Mill Equipment Finance
2020 Volvo Model VNL64T760 Sleeper Tractor	\$ 65,000.00	Equipment	Old National Bank
2019 Freightliner Model PT126SLP Cascadia	\$ 35,000.00	Equipment	Old National Equipment Finance
2022 Volvo Sleeper Tractor	\$ 75,000.00	Equipment	Old Second National Bank
2020 Volvo VNL Truck	\$ 65,000.00	Equipment	Pawnee Leasing Corporation / Tandem Finance
2022 Volvo & 2019 Volvo Trucks	\$ 140,000.00	Equipment	PNC Equipment Finance
Two 2018 Utility Trailers	\$ 60,000.00	Equipment	Stearns Bank
Three 2024 Utility Trailers	\$ 90,000.00	Equipment	Sumitomo Mitsui Finance and Leasing Co.
2017 Utility Trailer	\$ 25,000.00	Equipment	Sumitomo Mitsui Finance and Leasing Co.
2022 Freightliner Cascadia	\$ 75,000.00	Equipment	TCF/Huntington National Bank
2023 Volvo FNL Truck	\$ 79,000.00	Equipment	Volvo Financial Services
2020 Volvo VNL Truck	\$ 50,000.00	Equipment	Volvo Financial Services

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Debtor name	BMX Transport, LLC
United States Bankruptcy Court for the:	Northern District of Georgia
Case number (If known):	25-20705

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name**

BMO Bank

Describe debtor's property that is subject to a lien

Two 2019 Utility Trailers

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

\$ 112,138.11

\$ 90,000.00

Creditor's mailing address

P.O. Box 6201

Carol Stream, IL 60197-6201

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

2001

Do multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor,**Describe the lien**

Judgment

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.2 Creditor's name

De Lage Landen Financial Services INC.

Describe debtor's property that is subject to a lien

2 2024 Volvo VNL64T Trucks

\$ 436,389.15

\$ 188,000.00

Creditor's mailing address

PO Box 825736

Philadelphia, PA 19182-5736

Creditor's email address, if known

contactus@dllgroup.com

Describe the lien

Date debt was incurred

Last 4 digits of account number

0031

Do multiple creditors have an interest in the same property? No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

 Yes. The relative priority of creditors is specified on lines _____**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$ 4,029,080.03

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the value
 of collateral.

Column B
**Value of collateral
 that supports this
 claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name
 Financial Pacific Leasing

Describe debtor's property that is subject to a lien

2014 Volvo VNL Truck, 2016 Volvo VNL
 Truck, 2016 Volvo VNL Truck

\$56,769.70

\$30,000.00

Creditor's mailing address

3455 S. 344th Way
 Suite 300, Auburn, WA 98001

Creditor's email address, if known

tpoapplication@finpac.com

Date debt was incurred _____

Last 4 digits of account
 number 6301

Do multiple creditors have an interest in the
 same property?

No
 Yes. Have you already specified the relative
 priority?
 No. Specify each creditor, including this
 creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.4 Creditor's name
 Flagstar Financial & Leasing, LLC

Describe debtor's property that is subject to a lien

2023 Volvo VNL64T860 VIN/Serial Number
 4V4NC9EH9PN618855

\$165,810.24

\$ 63,000.00

Creditor's mailing address

225 Broadhollow Road
 Suite 132, Melville, NY 11747

Creditor's email address, if known

Date debt was incurred 12/09/2021

Last 4 digits of account
 number 0705

Do multiple creditors have an interest in the
 same property?

No
 Yes. Have you already specified the relative
 priority?
 No. Specify each creditor, including this
 creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is
 specified on lines _____

Part 1:	Additional Page	
<p>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</p>		
2.5	Creditor's name Jeric Holdings LLC	Describe debtor's property that is subject to a lien 100 Point Drive Pendergrass GA
	Creditor's mailing address 3146 Camp Branch Rd Buford, GA 30519	
Creditor's email address, if known _____		
Date debt was incurred _____ Last 4 digits of account number _____		Describe the lien _____
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.6	Creditor's name Mitsubishi HC Capital America	Describe debtor's property that is subject to a lien 2020 Volvo VNL Truck
	Creditor's mailing address One Pierce Place Suite 1100 West, Itasca, IL 60143	
Creditor's email address, if known ccollins@mhcna.com		
Date debt was incurred _____ Last 4 digits of account number 8701		Describe the lien _____
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Part 1:	Additional Page	
<p>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</p>		
2.7 Creditor's name <input type="text" value="North Mill Equipment Finance"/>	Describe debtor's property that is subject to a lien <input type="text" value="2015 53' Dry Van ****2480, 2016 53' Dry Van ****4811, 2016 53' Dry Van ****8412, 2016 53' Dry Van ****8413, 2016 53' Dry Van ****4814, 2016 53' Dry Van ****6314, 2016 53' Dry Van ****6146, 2017 53' Dry Van ****5519, 2017 53' Dry Van ****5517, 2017 53' Dry Van ****7642, 2016 53' Dry Van ****2823, 2019 53' Dry Van ****9505, 2018 53' Dry Van ****2616, 2018 53' Dry Van ****0327, 2016 53' Dry Van ****2208"/>	
Creditor's mailing address <input type="text" value="200 Brandon Place, NE, Sandy Springs"/> <input type="text" value="Atlanta, GA 30328"/>	\$ <u>203,812.53</u>	\$ <u>100,000.00</u>
Creditor's email address, if known <input type="text"/>		
Date debt was incurred <input type="text"/> Last 4 digits of account number <input type="text" value="2403"/>	Describe the lien <input type="text"/>	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="text"/>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <input type="text"/>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.8 Creditor's name <input type="text" value="Old National Bank"/>	Describe debtor's property that is subject to a lien <input type="text" value="2020 Volvo Model VNL64T760 Sleeper Tractor, Vin #4V4NC9EH7LN207934, including all attachments and accessories"/>	
Creditor's mailing address <input type="text" value="Equipment Finance"/> <input type="text" value="24509 W Lockport Street, Plainfield, IL 605"/>	\$ <u>10,716.15</u>	\$ <u>65,000.00</u>
Creditor's email address, if known <input type="text" value="Regina.Miller@oldnational.com"/>		
Date debt was incurred <input type="text" value="03/29/2019"/> Last 4 digits of account number <input type="text" value="6002"/>	Describe the lien <input type="text"/>	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="text"/>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <input type="text"/>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the value
 of collateral.

Column B
**Value of collateral
 that supports this
 claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9 Creditor's name
 Old National Equipment Finance

Describe debtor's property that is subject to a lien

2019 Freightliner Model PT126SLP
 Cascadia Sleeper Trailer, Vin
 #3AKJHHDR5KSKN0272, including all
 attachments and accessories

\$39,344.00

\$0.00

Creditor's mailing address

24509 W Lockport Street
 Ste 100, Plainfield, IL 60544

Creditor's email address, if known

Date debt was incurred 06/01/2024

Last 4 digits of account
 number 6001

Do multiple creditors have an interest in the
 same property?

No
 Yes. Have you already specified the relative
 priority?
 No. Specify each creditor, including this
 creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.10 Creditor's name
 Old Second National Bank

Describe debtor's property that is subject to a lien

2022 Volvo Sleeper Tractor VIN
 4V4NC9EH4NN601619

\$141,579.37

\$ 75,000.00

Creditor's mailing address

37 S. River Street
 Aurora, IL 60506

Creditor's email address, if known

twoodecock@oldsecond.com

Date debt was incurred _____

Last 4 digits of account
 number 2421

Do multiple creditors have an interest in the
 same property?

No
 Yes. Have you already specified the relative
 priority?
 No. Specify each creditor, including this
 creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is
 specified on lines _____

Part 1:	Additional Page		
<p>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</p>			
2.11 Creditor's name Pawnee Leasing Corporation / Tandem Finance		Column A Amount of claim Do not deduct the value of collateral.	
Creditor's mailing address 3801 Automation Way Suite 207, Fort Collins, CO 80525		Column B Value of collateral that supports this claim <hr/>	
Creditor's email address, if known info@tandem-financial.com		Describe debtor's property that is subject to a lien 2020 Volvo VNL Truck VIN: 4V4NC9EH3LN246374	
Date debt was incurred <u>10/06/2022</u> Last 4 digits of account number <u>8725</u>		<u>\$151,369.79</u> <u>\$65,000.00</u>	
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>			
<p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
2.12 Creditor's name PNC Equipment Finance		Describe debtor's property that is subject to a lien 2022 Volvo & 2019 Volvo Trucks	
Creditor's mailing address 655 Business Center Drive Suite 250, Horsham, PA 19044		<u>\$269,681.40</u> <u>\$ 140,000.00</u>	
<p>Creditor's email address, if known customerservice@leaserv.com</p>			
Date debt was incurred _____ Last 4 digits of account number <u>0001</u>		Describe the lien <hr/>	
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>			
<p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.13 Creditor's name

Stearns Bank

Describe debtor's property that is subject to a lien

Two 2018 Utility Trailers

\$179,031.98

\$60,000.00

Creditor's mailing address500 13th Street P.O. Box 750
Albany, MN 56307**Creditor's email address, if known**

bene@stearnsbank.com

Date debt was incurred

Last 4 digits of account number 0005

Describe the lien**Do multiple creditors have an interest in the same property?**

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

2.14 Creditor's name

Sumitomo Mitsui Finance and Leasing Company, Limited

Describe debtor's property that is subject to a lien

Three 2024 Utility Trailers

\$222,881.97

\$ 90,000.00

Creditor's mailing address666 Third Avenue 8th floor
New York, NY 10017**Creditor's email address, if known****Date debt was incurred**

Last 4 digits of account number 0198

Describe the lien**Do multiple creditors have an interest in the same property?**

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<p>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</p>			
2.15 Creditor's name Sumitomo Mitsui Finance and Leasing Company, Limited	Describe debtor's property that is subject to a lien 2027 Utility Trailer		
		\$28,683.84	\$25,000.00
Creditor's mailing address 666 Third Avenue 8th floor, New York, NY 10017			
Creditor's email address, if known _____			
Date debt was incurred _____ Last 4 digits of account number <u>1105</u>			
Describe the lien _____			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
2.16 Creditor's name TCF/Huntington NB			
Creditor's mailing address Post Office Box 77077 Minneapolis, MN 55480		Describe debtor's property that is subject to a lien 2022 Freightliner Cascadia	
		\$81,244.21	\$ 75,000.00
Creditor's email address, if known ADash@financediv.com			
Date debt was incurred <u>10/18/2021</u> Last 4 digits of account number <u>6500</u>			
Describe the lien _____			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Part 1:	Additional Page		
<p>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</p>			
2.17 Creditor's name U.S. Small Business Administration		Describe debtor's property that is subject to a lien Blanket Lien on All Assets Secured by UCC-1	
Creditor's mailing address 2 NORTH STREET, SUITE 320 Birmingham, AL 35203		\$400,000.00 \$0.00	
Creditor's email address, if known vivieon.jones@usdoj.gov			
Date debt was incurred _____ Last 4 digits of account number _____		Describe the lien _____	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply.		As of the petition filing date, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.18 Creditor's name Volvo Financial Services		Describe debtor's property that is subject to a lien 2020 Volvo VNL Truck	
Creditor's mailing address 8003 Piedmont Triad Parkway Greensboro, GA 26131		\$33,515.50 \$50,000.00	
Creditor's email address, if known sonja.walker@volvo.com			
Date debt was incurred 08/18/2020 Last 4 digits of account number 1004		Describe the lien Agreement you made	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
As of the petition filing date, the claim is: Check all that apply.		As of the petition filing date, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.19 Creditor's name
Volvo Financial Services

Describe debtor's property that is subject to a lien

2023 Volvo FNL Truck

\$163,970.09 \$79,000.00

Creditor's mailing address

8003 Piedmont Triad Parkway
Greensboro, NC 27409-9407

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

2. Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

Debtor BMX Transport, LLC **Case number (if known)** 25-20705

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Document Page 24 of 64

Debtor	BMX Transport, LLC
United States Bankruptcy Court for the:	Northern District of Georgia
Case number (If known)	25-20705

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).**

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Connecticut Department of Revenue Services (DRS) 450 Columbus Boulevard Suite 1 Hartford, CT 06103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$ 2,600.00</u> \$ _____
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	Basis for the claim: Taxes & Other Government Units Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Georgia Department of Labor 148 Andrew Young Int'l Blvd. NE Atlanta, GA 30303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$ 0.00</u> \$ _____
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	Basis for the claim: Taxes & Other Government Units Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.3	Priority creditor's name and mailing address Georgia IRP Registration - Georgia Department of Revenue 1800 Century Center Blvd Suite 9100 Atlanta, GA 30345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$ 38,423.76</u> \$ _____
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)	Basis for the claim: Taxes & Other Government Units Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2. ⁴ Priority creditor's name and mailing address IFTA - International Fuel Tax 1800 Century Boulevard NE Atlanta, GA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,109.49	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. ⁵ Priority creditor's name and mailing address Internal Revenue Service 1973 Rulon White Blvd Ogden, UT 84201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,000.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. ⁶ Priority creditor's name and mailing address Kentucky weight-distance (KYU) Kentucky Department of Revenue 501 High St Frankfort, KY 40618-0006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 352.24	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. ⁷ Priority creditor's name and mailing address New Mexico Taxation and Revenue Department 1200 South St. Francis Drive Santa Fe, NM 87505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 655.07	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

	Total claim	Priority amount
2. ⁸ Priority creditor's name and mailing address New York State Department of Taxation and Finance PO Box 61000 Albany, NY 12261	\$3,000.00	\$_____
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number _____	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2. ⁹ Priority creditor's name and mailing address Newark Municipal Court 31 Green Street Newark, NJ 07102	\$ Unknown	\$ _____
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number 9211	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2. ¹⁰ Priority creditor's name and mailing address Oregon Department of Transportation 455 Airport Rd. SE, Bldg. A Salem, OR 97301	\$ 581.25	\$ _____
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number _____	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ \$ _____	
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
Date or dates debt was incurred _____	Basis for the claim:	
Last 4 digits of account number _____	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address Ahmad Panjsheri 10615 SE 172ND ST Apt W307 Renton, WA 98055	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Driver Services Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 4,789.95
3.2 Nonpriority creditor's name and mailing address Aleksey Kornilaev 4036 Chattahoochee Rd Cumming, GA 30041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 25,593.50
3.3 Nonpriority creditor's name and mailing address Andrii Lazurko 2515 Wildflower Ln SW Snellville, GA 30039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 529.00
3.4 Nonpriority creditor's name and mailing address Angelo Barrera 2300 Park Canyon Dr #204 Dalton, GA 30720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Driver Services Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 28,662.99
3.5 Nonpriority creditor's name and mailing address Aurelia Dubenco Milabrega SRL, MD-3100, str. Franco I. 26 mun. Balti, Republica Moldova	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Administrative Services Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,653.00
3.6 Nonpriority creditor's name and mailing address Bank of America Leasing & Capital, LLC 135 S. Lasalle St. Chicago, IL 60674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 238,890.60

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address Credit Collection Services CCS Payment Processing Center PO Box 555126 Boston, MA 02205-5126	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 267.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸	Nonpriority creditor's name and mailing address Daniel Stepanskiy 2485 Weber Heights Way Buford, GA 30519	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,500.25
		Basis for the claim: Administrative Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹	Nonpriority creditor's name and mailing address Danil Khvan 67 Sinclair Way Monroe, GA 30655-5392	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,881.55
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰	Nonpriority creditor's name and mailing address Deo Tiwari 4411 Abingdon Dr Stone Mountain, GA 30083	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,726.38
		Basis for the claim: Driver Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹	Nonpriority creditor's name and mailing address Dzhon Cherkez 22010 Orchard Dale Dr Spring, TX 77389	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,224.94
		Basis for the claim: Driver Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address E-470 Public Highway Authority PO Box 5470 Denver, CO 80217 -5470	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 147.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address E-ZPass Maine Maine Turnpike Authority Violation Processing Center PO Box 3858 Portland, ME 04104 - 3858	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 244.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address E-ZPass Maryland Maryland Transportation Authority PO Box 12853 Philadelphia, PA 19176 -0853	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 748.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address Elizaveta Korneeva 115 Pine Rise Ct Alpharetta, GA 30022	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,500.00
		Basis for the claim: Administrative Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶	Nonpriority creditor's name and mailing address Elvina Zemlyak 1551 Rocky Knoll Ln Dacula, GA 30019	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,811.25
		Basis for the claim: Administrative Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address ENGs/Mitsubishi HC Capital America 8003 Piedmont Triad Parkway Greensboro, GA 26131	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim: Additional Notice	
	Date or dates debt was incurred 11/01/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. ¹⁸	Nonpriority creditor's name and mailing address Esteffon Evans 948 Posey Ave Bessemer, AL 35022	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,126.00
		Basis for the claim: Driver Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹	Nonpriority creditor's name and mailing address EZDrive MA Commonwealth of Massachusetts PO Box 847840 Boston, MA 02284	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 140.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰	Nonpriority creditor's name and mailing address Gautam Pradhan 2787 Riders Ridge Way Snellville, GA 30039	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,124.35
		Basis for the claim: Driver Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²¹	Nonpriority creditor's name and mailing address Global Resources LLC PO Box 441 Lithonia, GA 30058	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,962.10
		Basis for the claim: Agreement for Consulting services	
	Date or dates debt was incurred 12/10/2024	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Gul Rasouli 751 N Indian Creek Dr Clarkston, GA 30021	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 800.00
		Basis for the claim: Services	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ²³	Nonpriority creditor's name and mailing address Ilie Tacu 3470 Tupelo Trl Auburn, GA 30011	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,250.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁴	Nonpriority creditor's name and mailing address Ilya Stepanskiy 2485 Weber Heights Way Buford, GA 30519	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 448,000.00
		Basis for the claim: Loan	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁵	Nonpriority creditor's name and mailing address Ippolito International, LP 383 W. Market Street Salinas, CA 93901	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,757.15
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁶	Nonpriority creditor's name and mailing address Irina Kornilaev 1462 Raintree Dr unit#C Roswell, GA 30076	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,678.50
		Basis for the claim: Administrative Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ²⁷	Nonpriority creditor's name and mailing address Jai - Lyn Peoples 7335 Woodlawn Avenue Swissvale Pittsburgh, PA 15218	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Salary and Wages	\$ 7,194.00
	Date or dates debt was incurred 26/08/2024	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 2024		
3. ²⁸	Nonpriority creditor's name and mailing address John Bloomfield P.O. Box 642 Buford, GA 30515	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Driver Services	\$ 43,531.91
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁹	Nonpriority creditor's name and mailing address John Tacu 4250 Ridge Rd Buford, GA 30519	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan	\$ 708,000.00
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁰	Nonpriority creditor's name and mailing address Kendrick Colvin 286 Green Hill Rd Atlanta, GA 30342	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Insurance	\$ Unknown
	Date or dates debt was incurred 01/30/2025	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³¹	Nonpriority creditor's name and mailing address KTAG - Kansas Turnpike Authority PO Box 803311 Kansas City, MO 64180 -3311	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Tolls	\$ 340.00
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ³²	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Lal Rai 459 Blue Juniper Cir Loganville, GA 30052		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,168.80
			Basis for the claim: Services	
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred	_____		
	Last 4 digits of account number	_____		
3. ³³	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Linebarger Goggan Blair&Sampson LLP LGBS - OTA PO Box 708906 San Antonio, TX 78270 -8906		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 232.00
			Basis for the claim: Tolls	
	Date or dates debt was incurred	_____	Is the claim subject to offset?	
	Last 4 digits of account number	_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁴	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Mann Packaging P.O. BOX 149222 Miami, FL 33114-9222		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,626.81
			Basis for the claim: Services	
	Date or dates debt was incurred	_____	Is the claim subject to offset?	
	Last 4 digits of account number	_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁵	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Miesha K Scott 4325 1st Ave Apt 1712 Tucker, GA 30085		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
			Basis for the claim: Civil Claim	
	Date or dates debt was incurred	_____	Is the claim subject to offset?	
	Last 4 digits of account number	_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁶	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Momnt / Cross River Bank P.O. Box 28619 Atlanta, GA 30328		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 37,127.86
			Basis for the claim: Monies Loaned / Advanced	
	Date or dates debt was incurred	01/07/2025	Is the claim subject to offset?	
	Last 4 digits of account number	1668	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ³⁷	Nonpriority creditor's name and mailing address Mumtazuddin Kamali 700 N Indian Creek Dr apt B18 Clarkston, GA 30021	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,002.00
		Basis for the claim: Driver Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁸	Nonpriority creditor's name and mailing address Mykola Cherkez 5701 Vandalia Trl Arlington, TX 76017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,250.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁹	Nonpriority creditor's name and mailing address Naomi Stepanskiy 2485 Weber Heights Way Buford, GA 30519	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,568.00
		Basis for the claim: Administrative Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁰	Nonpriority creditor's name and mailing address Nikolay Shelepuhin 2035 Lake Fountain Dr Katy, TX 77494	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,277.50
		Basis for the claim: Driver Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴¹	Nonpriority creditor's name and mailing address NJ E-Zpass PO Box 4971 Trenton, NJ 08650	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,700.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address North Texas Tollway Authority PO Box 660244 Dallas, TX 75266 - 0244	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 345.60
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴³	Nonpriority creditor's name and mailing address NY E-ZPass Tolls By Mail Payment Processing Center PO Box 15183 Albany, NY 12212-5183	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 647.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁴	Nonpriority creditor's name and mailing address Ohio Turnpike Ohio Turnpike and Infrastructure Commission PO Box 94672 Cleveland, OH 44101-4672	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 454.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁵	Nonpriority creditor's name and mailing address OTA- PlatePay PO Box 248935 Oklahoma City, OK 73124-8935	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,300.00
		Basis for the claim: Tolls	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁶	Nonpriority creditor's name and mailing address Padam Rai 4404 Bramwell Dr. Stone Mountain, GA 30083	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,287.90
		Basis for the claim: Driver Services	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁴⁷	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Pennsylvania Turnpike PA Turnpike Toll by Plate Pittsburgh, PA 15264-5254		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,404.00
			Basis for the claim: Tolls	
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred	_____		
	Last 4 digits of account number	_____		
3. ⁴⁸	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Pilot Travel Centers LLC 5508 Lonas Dr Knoxville, TN 37909		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
			Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred	_____	Is the claim subject to offset?	
	Last 4 digits of account number	1171	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	RDM Capital Funding, LLC 777 Passaic Ave Ste Clifton, NJ 07012		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
			Basis for the claim: UCC-1 on receivables	
	Date or dates debt was incurred	_____	Is the claim subject to offset?	
	Last 4 digits of account number	_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁰	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Rhonda Michelle Crenshaw PO Box 81572 Bakersfield, CA 93302		<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 250,000.00
			Basis for the claim: Negligence claim - Vehicle Accident	
	Date or dates debt was incurred	04/10/2024	Is the claim subject to offset?	
	Last 4 digits of account number	4263	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵¹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Riverlink PO Box 646000 Cincinnati, OH 45264		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 424.40
			Basis for the claim:	
	Date or dates debt was incurred	_____	Is the claim subject to offset?	
	Last 4 digits of account number	_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁵²	Nonpriority creditor's name and mailing address RTS Financial Service, INC 9300 Metcalf Ave Shawnee Mission, KS 66212	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁵³	Nonpriority creditor's name and mailing address Schneider National Carriers PO Box 74008750 Chicago, IL 60674-8750	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,365.52
		Basis for the claim: Insurance	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 1896		
3. ⁵⁴	Nonpriority creditor's name and mailing address Shoaib Qazizada 3235 Sunrise Village Lune Apt C Norcross, GA 30093	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 34,780.24
		Basis for the claim: Driver Services	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁵⁵	Nonpriority creditor's name and mailing address Southern Connector Service Center PO Box 408 Piedmont, SC 29673	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 134.00
		Basis for the claim: Services	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁵⁶	Nonpriority creditor's name and mailing address Sumitomo Mitsui Finance and Leasing Company, Limited 666 Third Avenue, 8th FL New York, NY 10017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 263,000.00
		Basis for the claim: Leasing company	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 7002		

Part 2: Additional Page

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Amount of claim

3. ⁵⁷	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Sumitomo Mitsui Finance and Leasing Company, Limited 666 Third Avenue 8th floor New York, NY 10017		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,805.39
			Basis for the claim: Leasing company	
	Date or dates debt was incurred	03/27/2019	Is the claim subject to offset?	
	Last 4 digits of account number	7001	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁸	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	SunPass FDOT PO Box 31421 Tampa, FL 33631		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 965.00
			Basis for the claim: Tolls	
	Date or dates debt was incurred		Is the claim subject to offset?	
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	TBK Thompson Brody & Kaplan, LLC 161 North Clark Street Suite 3575 Chicago, IL 60601		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 246,194.96
			Basis for the claim: Reimbursement of Property Damage	
	Date or dates debt was incurred		Is the claim subject to offset?	
	Last 4 digits of account number	5437	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁰	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	TxTag PO Box 650749 Dallas, TX 75256 -0749		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 154.00
			Basis for the claim: Tolls	
	Date or dates debt was incurred		Is the claim subject to offset?	
	Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶¹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	US Bank 13010 SW 68th Pkwy Ste 100 Portland, OR 97223		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 39,344.04
			Basis for the claim: Equipment Finance Servicing	
	Date or dates debt was incurred	10/17/2018	Is the claim subject to offset?	
	Last 4 digits of account number	5392	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address USAA General Indemnity Company - Insurance for Caldwell, Keith 9800 Fredericksburg Road San Antonio, TX 78288	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,525.90
		Basis for the claim: Services	
	Date or dates debt was incurred 11/10/2023	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3. ⁶³	Nonpriority creditor's name and mailing address Vadim Bistrita 830 Indian Lake Dr NW Lilburn, GA 30047	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,500.00
		Basis for the claim: Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁴	Nonpriority creditor's name and mailing address Vadim Lutenco 2845 Friendship Rd Buford, GA 30519	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,726.23
		Basis for the claim: Driver Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁵	Nonpriority creditor's name and mailing address Volvo Financial Services 8003 Piedmont Triad Parkway Greensboro, GA 26131	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 78,759.54
		Basis for the claim: Services	
	Date or dates debt was incurred 04/01/2021	Is the claim subject to offset?	
	Last 4 digits of account number 1006	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁶	Nonpriority creditor's name and mailing address Volvo Financial Services 8003 Piedmont Triad Parkway Greensboro, GA 26131	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 50,385.94
		Basis for the claim: Services	
	Date or dates debt was incurred 08/18/2020	Is the claim subject to offset?	
	Last 4 digits of account number 1003	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶⁷	Nonpriority creditor's name and mailing address Volvo Financial Services 8003 Piedmont Triad Parkway Greensboro, GA 26131	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 44,343.04
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁸	Nonpriority creditor's name and mailing address Volvo Financial Services 8003 Piedmont Triad Parkway Greensboro, NC 27402	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 16,683.39
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁹	Nonpriority creditor's name and mailing address Volvo Financial Services 8003 Piedmont Triad Parkway Greensboro, GA 26131	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 94,516.62
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁰	Nonpriority creditor's name and mailing address West Virginia Parkway Authority WVPA - Customer Service Center PO Box 1469 Charleston, WV 25325 -1469	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services	\$ 89.00
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷¹	Nonpriority creditor's name and mailing address Xtra Lease LLC PO Box 219562 Kansas City, MO 64121	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Rent Services	\$ 142,411.99
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷²	Nonpriority creditor's name and mailing address Zoia Kukharchuk 3725 Preston Pointe Way Cumming, GA 30041	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,137.50
Basis for the claim: Services			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred			
Last 4 digits of account number			
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim:			
Date or dates debt was incurred			
Last 4 digits of account number			
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim:			
Date or dates debt was incurred			
Last 4 digits of account number			
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim:			
Date or dates debt was incurred			
Last 4 digits of account number			
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim:			
Date or dates debt was incurred			
Last 4 digits of account number			

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	H Groves Law, LLC 286 Green Hill Rd Atlanta, GA, 30342	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.	Rathbone Group, LLC Adam R. Wilk 10615 Judicial Drive, Suite 303 Fairfax, VA, 22030	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain: _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a.	Total claims from Part 1	5a. \$ <u>63,721.81</u>
5b.	Total claims from Part 2	5b. + \$ <u>3,014,711.59</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>3,078,433.40</u>

Fill in this information to identify the case:

Debtor name BMX Transport, LLC
 United States Bankruptcy Court for the: Northern District of Georgia
 Case number (If known): 25-20705 Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Agreement Agent</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Pilot Flying J 102 S Sheldon Rd Channelview, TX, 77530
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Land and Sales Agreement: Jackson County Tax Parcel 101-012 measuring approximately 22.25</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Atlanta Commercial Board of Realtors, Inc 1550 Winder Highway Jefferson, GA, 30549
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Factoring Agreement Lessee</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RTS Financial Service, Inc 9300 Metcalf Avenue Shawnee Mission, KS, 66212
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:

Debtor name BMX Transport, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): 25-20705

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name BMX Transport, LLC
 United States Bankruptcy Court for the: Northern District of Georgia
 Case number (If known): 25-20705

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> <u>MM / DD / YYYY</u>	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>1,072,713.86</u>
For prior year:	From <u>01/01/2024</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2024</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>6,604,454.54</u>
For the year before that:	From <u>01/01/2023</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2023</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>8,991,280.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u> </u> <u>MM / DD / YYYY</u>	to	Filing date <u> </u>	\$ <u> </u>
For prior year:	From <u> </u> <u>MM / DD / YYYY</u>	to	<u> </u> <u>MM / DD / YYYY</u>	\$ <u> </u>
For the year before that:	From <u> </u> <u>MM / DD / YYYY</u>	to	<u> </u> <u>MM / DD / YYYY</u>	\$ <u> </u>

Debtor BMX Transport, LLC
Name _____ Case number (if known) 25-20705

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See Attached SOFA Part 2, Question 3 Creditor's name _____		\$ 268,075.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name _____ _____ _____		\$ _____	
Relationship to debtor _____			
4.2. Insider's name _____ _____ _____		\$ _____	
Relationship to debtor _____			

Debtor BMX Transport, LLC
Name _____

Case number (if known) 25-20705

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Sumitomo Mitsui Finance and Leasing Company Creditor's name 666 Third Avenue 8th floor New York, NY 10017			\$ 150,000.00
5.2. Volvo Financial Services Creditor's name 8003 Piedmont Triad Parkway Greensboro, GA 26131			\$ 180,000.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. XTRA LEASE LLC VS BMX TRANSPORT LLC - Notice to appear in Court	Civil Action	State Court of Gwinnett County State of Georgia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 24-C-11885-S7		75 Langley Drive Lawrenceville, GA 30046	

Case title	Court or agency's name and address	Status of case
7.2. North Mill Equipment Finance, LLC v. BMX Transport, LLC, Ily Stepanskiy and John Ion Tacu	State Court of Gwinnett County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 24-C-09469-S	75 Langley Dr. SW Lawrenceville, GA 30043	

Debtor BMX Transport, LLC
Name _____ Case number (if known) 25-20705

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
Custodian's name	Case title	\$ _____
Case number	Name	
Date of order or assignment		

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name		_____	\$ _____
		_____	\$ _____

Recipient's relationship to debtor

9.2. Recipient's name	_____	\$ _____
	_____	\$ _____

Recipient's relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Date of loss	Value of property lost <small>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>
	_____	_____	\$ _____

Debtor

BMX Transport, LLC
Name

Case number (if known) 25-20705

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. Keck Legal	\$25000.0 retainer	04/2025	\$ 25,000.00

Address

2801 Buford Hwy, NE
Suite 115
Atlanta, GA 30329

Email or website address
bkeck@kecklegal.com

Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____	_____	_____	\$ _____

Address

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee	_____	_____	\$ _____

Debtor BMX Transport, LLC
Name _____ Case number (if known) 25-20705

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. _____ \$ _____

Address _____

Relationship to debtor _____

Who received transfer? _____ \$ _____

13.2. _____ \$ _____

Address _____

Relationship to debtor _____

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
---------	--------------------

14.1. From _____ To _____

14.2. From _____ To _____

Debtor BMX Transport, LLC
Name _____ Case number (if known) 25-20705

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. _____ Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____ Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: _____

Has the plan been terminated?

- No
- Yes

Debtor BMX Transport, LLC
Name _____ Case number (if known) 25-20705

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Address

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Address

Debtor BMX Transport, LLC _____ Case number (if known) 25-20705

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor BMX Transport, LLC
Name

Case number (if known) 25-20705

24. Has the debtor notified any governmental unit of any release of hazardous material?

No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____ Dates business existed From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. Name		EIN: _____ Dates business existed From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. Name		EIN: _____ Dates business existed From _____ To _____

Debtor BMX Transport, LLC _____ Case number (if known) 25-20705 _____
Name _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
26a.1. Elizaveta Korneeva - Alpha Tax Prep, LLC Name 115 Pine Rise Ct, Alpharetta Ga, 30322	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. Elizaveta Korneeva - Alpha Tax Prep, LLC Name 115 Pine Rise Ct, Alpharetta Ga, 30322	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Elizaveta Korneeva - Alpha Tax Prep, LLC Name 115 Pine Rise Ct, Alpharetta Ga, 30322	

Debtor BMX Transport, LLC _____ Case number (if known) 25-20705 _____
Name _____

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1.

Name _____

Name and address

26d.2.

Name _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____

Debtor BMX Transport, LLC _____ Case number (if known) 25-20705 _____

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	\$ _____	_____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
John Tacu	4250 Ridge Road, Buford, GA 30519	Member	50
Ilya Stepanskiy	2485 Weber Heights Way, Buford, GA 30519	President	50

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____	_____	_____	_____
Relationship to debtor			_____

Debtor BMX Transport, LLC _____ Case number (if known) 25-20705
Name _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation

Alpha Tax Prep LLC _____

Employer Identification number of the parent corporation

EIN: 115 Pine Rise Ct Alpharetta GA 30024

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/17/2025
MM / DD / YYYY

X

Signature of individual signing on behalf of the debtor

Printed name Ilya Stepanskiy

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

Continuation Sheet for Official Form 207**5) Repossessions, foreclosures, and returns**

BMO Bank P.O. Box 6201, \$50,000.00
Carol Stream,
IL 60197-6201

7) Legal Actions

BMO Bank NA vs. BMX Transport LLC and John Tacu

24-A-11355-1

Breach of Contract

Superior Court of Gwinnett County

75 Langley Dr. SW, Lawrenceville, GA 30046

Pending

Order for Default Judgement

24-C-09469-S4

State Court of Gwinnett County

75 Langley Dr, Lawrenceville, GA 30046

Concluded

Civil Lawsuit - perosnal injury

CV24-04-263

Wise County Texas

308 W Main St., Decatur, TX 76234

Concluded

Complaint for Trover, Breach of Contract, Brech of Guaranty, and Unjust Enrichment

24-A-10392-11

Civil Action

Superior Court of Gwinnett County State of Georgia

75 Langley Drive Lawrenceville, GA 30046, Lawrenceville, GA 30046

Concluded

Debtor Name

BMX Transport, LLC

25-20705

Case number (if known)

Continuation Sheet for Official Form 207

Complaint for Breach of Equipment Finance Agreement, Breach of Personal Guaranty,

24-cv-11515

Civil Action

United States District Court - Northern District of Illinois

327 South Church Street, Rockford, IL 61101

Pending

Complaint for wages not paid for work completed

MJ-05298-CV-0000315-2024

Civil Action

Commonwealth of Pennsylvania - County of Allegheny

436 Grant Street, Pittsburgh, PA 15219

Concluded

Civil Action

Newark Municipal Court

31 green Street, Newark, NJ 07102

Pending

United States Bankruptcy Court

Northern District of Georgia

In re BMX Transport, LLC

Case No. 25-20705

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept \$
Prior to the filing of this statement I have received \$
Balance Due. \$

RETAINER

For legal services, I have agreed to accept a retainer of \$ 25,000.00
The undersigned shall bill against the retainer at an hourly rate of \$ 465.00
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

- The source of the compensation paid to me was:

Debtor Other (specify)

- The source of compensation to be paid to me is:

Debtor Other (specify)

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

- In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]
Example of the legal services to be included in the Attorney Fee Disclosure

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Example of the services listed in the Attorney Fee Disclosure that are not included

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/17/2025

Date

Signature of Attorney

Keck Legal, LLC

Name of law firm
2801 Buford Highway NE
Suite 115
Atlanta, GA 30329